

JEFFERSON COUNTY HUMAN SERVICES COMPLIANCE PROGRAM

INTERNAL COMPLIANCE REVIEW AND MONITORING

PURPOSE

To ensure compliance with Jefferson County's Compliance Program, to ensure ongoing evaluation, and to correct deficiencies in staff and service provider performance under the program.

POLICY

To ensure the Compliance Program is effective and the Department's performance complies with all legal and regulatory requirements, JCHSD will monitor all activities of programs and providers that are subject to regulatory requirements, and findings are routinely reported to the Compliance Committee and Director. The Compliance Program will perform internal reviews to investigate indications of noncompliance revealed by monitoring activities, the anonymous reporting mechanism, and other means. Routine reviews will also be performed based on findings from all monitoring processes.

"Compliance Committee" – a group of individuals who agree to serve on the committee to advise and assist the county department in the development and monitoring of the compliance program, including but not limited to the Director, Compliance Officers, relevant Managers and Supervisors..

"County department" – a county department of human services under s. 46.23, Stats. to administer community mental health and alcohol and drug abuse programs.

"Deficiency" – the failure to meet a requirement.

"Department" –Jefferson County Human Services.

"Staff member" – a person employed by the county or a contracted agency.

PROCEDURE

1. Reviews will be conducted to measure the organization's compliance with laws governing:
 - a. Billing and Coding
 - b. Exclusion List.
 - c. Compliance Education
 - d. Medical Reviews.
 - e. Operating Licenses

- f. Clinical Staff Licensure
 - g. Evidence of correction shall be documented within intervals as prescribed by all regulatory authorities.
- 2. Additional reviews will be conducted to investigate specific concerns identified within the Department and those that may be identified by an outside agency, whether Federal or State.
- 3. Internal program audits shall be conducted on a regular basis to determine compliance with county, state, and federal requirements and shall include a minimum review of the following:
 - a. On a monthly basis:
 - i. Currency of consumers' plan, policies, and procedures.
 - ii. Correlation of Service Plans, notes, and billing statements.
 - iii. Staff member work schedules.
 - iv. Supervision records.
 - v. Medical Necessity and documentation for.
 - vi. Hospital Admissions
 - b. On an annual basis:
 - i. Staff member credentials, service records, and supervision records.
 - ii. The results of consumer satisfaction surveys, coordination committee recommendations, and descriptions of any modifications made.
 - iii. Consumer complaints made under the program.
 - iv. Any additional information deemed necessary or required to adequately evaluate the performance of the program.
 - v. Service array
 - vi. Staff training.
- 4. Documentation of monitoring activities shall be retained in program administrative files and by the Compliance officer.
- 5. Results of audits, consumer satisfaction surveys and other forms and methods of evaluation will be shared with the Compliance Committee.

- a. Committee recommendations for plans of correction and quality improvement shall be solicited.
 - b. Management shall present program modifications based on corrective actions to the committees.
- 6. Each detected case of non-compliance will be documented and investigated to determine the nature of the problem.
- 7. The Compliance Officer will be responsible to follow up on corrective actions and involve all necessary personnel.